



# **Medical Expenditure Panel Survey**

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## **HOUSEHOLD COMPONENT EVENT FILES**



## Types of Event Files

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- **Hospital Inpatient Stays (IP)**
- **Emergency Room Visits (ER)**
- **Outpatient (OP)**
- **Office-Based Provider (OB)**
- **Prescription Medicine (RX)**
- **Dental (DV)**
- **Home Health (HH)**
- **Other Medical Expenses (OM)**

Two-digit prefix is used for all expenditure variables on every event file.



## What is an Event?

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- **A unique household-reported medical event**
  - e.g. OB record = a unique office visit  
ER record = a unique emergency room visit
  - Home health and OM different
  - Alternative care included in OB
- **Population**
  - only persons who reported having a medical event
- **Includes characteristics and expenditure data related to that event**



## File Contents

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- |                                   |                                 |
|-----------------------------------|---------------------------------|
| ■ Unique person/event identifiers | ■ VA facility indicator         |
| ■ Type of provider                | ■ Flat fee information          |
| ■ Type of service/procedure       | ■ Sources of payment            |
| ■ Date of visit                   | ■ Total payment/charge          |
| ■ Reason for visit                | ■ Imputation flag               |
| ■ Conditions/procedures           | ■ Variance estimation variables |
| ■ Prescribed medicines received   | ■ Full-year person weight       |

The eight-character variable **DUPERSID** uniquely identifies each person represented on the file **EVENTIDX** uniquely identifies each event (i.e., each record on the file) and is the variable required to link events to data files containing details on conditions and/or prescribed medicines.



## Sources of Payment

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- Self or family (SF)
- Medicare (MR)
- Medicaid (MD)
- Private insurance (PV)
- Veterans (VA)
- TRICARE (TR)
- Other Federal government (OF)
- State/local government (SL)
- Worker's compensation (WC)
- Other private (OR)
- Other public (OU)
- Other insurance (OT)

Other public and other private were constructed because of conflicting responses of data collected in health insurance section and what was reported in sources of payment. For example, private insurance payment for a person who said he or she did not have private insurance as defined by MEPS.



## Expenditure Variables

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- DVSF01X - AMOUNT PAID, FAMILY
- DVMR01X - AMOUNT PAID, MEDICARE
- DVMD01X - AMOUNT PAID, MEDICAID
- DVPV01X - AMOUNT PAID, PRIVATE INSURANCE
- DVVA01X - AMOUNT PAID, VETERANS
- DVTR01X - AMOUNT PAID, TRICARE
- DVOF01X - AMOUNT PAID, OTHER FED
- DVSL01X - AMOUNT PAID, STATE/LOCAL
- DVWC01X - AMOUNT PAID, WORKERS COMP
- DVOR01X - AMOUNT PAID, OTHER PRIVATE
- DVOU01X - AMOUNT PAID, OTHER PUBLIC
- DVOT01X - AMOUNT PAID, OTHER INSURANCE

This example pertains to dental visits (DV). The same format holds for other events.



## Components of Total Expenditures –DV, OM, HH, OB, RX

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- Total expenditures for event
  - evSF01X -- evOT01X
  - evXP01X (total payments)
  - evTCH01X (total charge) -- not RX

Source of payment and total charge information is **first collected in the Charges & Payment section of the Household Component**. The household respondent identifies both the dollar amount and the source of payment (Medicare, Medicaid, private insurance, etc.). **For most event types the medical provider, with the respondent's permission, was contacted and asked to provide similar information**. Information from the medical provider component was used to **supplement/replace** missing household expenditure information.

**Event files contain characteristics associated with the event and imputed expenditure data. Imputed expenditure data are data derived from both the HC and the MPC. All missing values are accounted for.**



## Components of Total Expenditures – IP, ER, OP

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- **Facility Expenditure**
  - evFSF01X -- evFOT01X
  - evFXP01X (total payments)
  - evFTC01X (total charge)
- **Physician Expenditure**
  - evDSF01X -- evDOT01X
  - evDXP01X (total payments)
  - evDTC01X (total charge)
- **Total Expenditures for Event**
  - evXP01X (evFXP01X + evDXP01X)

**Expenditure data related to Hospital stay, Emergency Room, and Out Patient visit are broken out by facility and separately billing physician expenditures.**

Facility expenditures include all expenses for direct hospital care, including room and board, diagnostic and laboratory work, x-rays and similar charges, as well as any physician services included in the hospital charge.

The imputed facility expenditures are provided on this file.

evFSF01X – evFOT01X are the 12 sources of payment. evFXP01X is the sum of the 12 sources of payments. evFTC01X is the total charge.

evDSF01X – evDOT01X are the 12 sources of payment. evDXP01X is the sum of the 12 sources of payments. evDTC01X is the total charge.

Analysts interested in total expenditures should use the variable evEXP01X, which includes both the facility and physician amounts.

Analysts interested in total charge should use the variable evTCH01X.





## **Medical Provider Component (MPC) Data**

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- **Used for**

- **Physician Office Visits**
- **Outpatient Department Visits**
- **Hospital Inpatient Stays**
- **Emergency Room Visits**
- **Prescribed Medicines (Pharmacy Component)**
- **Home Health – Agency Provider**

- **Not used for**

- **Non-Physician Office Visits**
- **Dental Services**
- **Home Health – Individual Provider**
- **Other Medical Expenses**



## **Household Component (HC) and Medical Provider Component (MPC) Partnership**

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- **Expenditure data derived from both MEPS HC and MPC**
- **MPC data was used to replace/supplement household data**
- **Remaining missing data imputed – no missing data**
- **Expenditure variables end in X**



## General Expenditure Caveats

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- Flat fee expenditures
- Zero expenditures



## Flat Fee Payment Groups

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- **What is a flat fee?**
  - **A fixed dollar amount paid for a group of health care services**
  
- **Flat fee structure**
  - **Stem – Initial medical visit expenditures**
  - **Leaf – subsequent medical visits (zero expenditures)**

**A flat fee is the fixed dollar amount a person is charged for a package of health care services.** For example: 1) **Obstetrician's fee** covering a normal delivery, as well as pre- and post-natal care; 2) **Surgeon's fee** covering both the surgical procedure and post-surgical care.

A flat fee group is the set of medical services (i.e., events) that are covered under the same flat fee payment. The flat fee groups represented on this file includes flat fee groups where **at least one of the health care events**, as reported by the HC respondent, **occurred during the reference year**.



## Flat Fee Variables

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- Flat Fee ID: FFEEIDX
- Stem (1) or Leaf (2): FFevTYPE
- Pre-2001 Events in group: FFBEF01
- Post-2001 Events in group: FFTOT02

There are several variables on this file that describe a flat fee payment situation and the number of medical events that are part of a flat fee group.

**FFEEIDX can be used to identify all events that are part of the same flat fee group.** To identify such events, FFEEIDX should be used to link events from all MEPS event files (excluding prescribed medicines). For events that are not part of a flat fee payment situation, the flat fee variables are all set to inapplicable (-1).

**FFevTYPE indicates whether the event is the “stem” or “leaf” of a flat fee group.** A stem (FFevTYPE=1) is the initial medical service (event) which is followed by other medical events that are covered under the same flat fee payment. The leaf of the flat fee group (FFevTYPE=2) are those medical events that are tied back to the initial medical event (the stem) in the flat fee group.

**FFBEF01 -- counts the total number of pre-2001 events in the same flat fee group.**

**FFTOT02 -- counts the total number of post-2001 events in the same flat fee group.**

**Flat fees are not allowed on the RX event file.**



## Zero Expenditures

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- **Reasons for Zero \$**
  - **Free care**
  - **Bad debt**
  - **Previous flat fee arrangement – leaf**
  - **Follow-up visit**

There are some medical events reported by respondents where payments were zero. This could occur for several reasons including

- 1) free care was provided
- 2) bad debt was incurred
- 3) care was covered under a flat fee arrangement beginning in an earlier year
- 4) follow-up visits were provided without a separate charge (e.g., after a surgical procedure)

If all of the medical events for a person fell into one of these categories, then the total annual expenditures for that person would be zero.

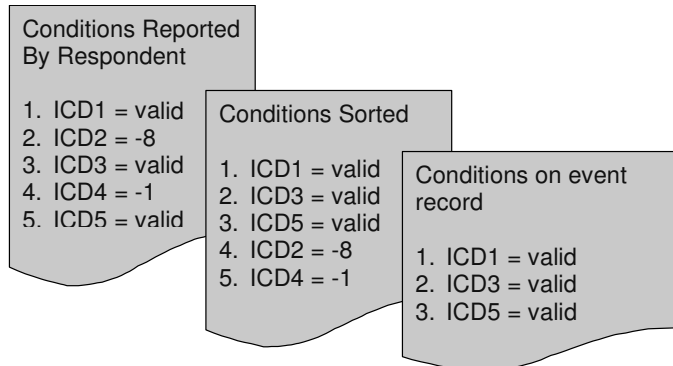


## Medical Conditions, OB, OP, IP, ER, RX

### ■ Condition Codes

- ICD-9 condition codes
- ICD-9 procedure codes
- CCC condition codes

### ■ Sorting/linking



Information on medical conditions associated with each event are provided on the event record. **Approximately 98% of the conditions associated with the event are on the event record.** The remaining 2% can be obtained directly from the Medical Conditions File.

**Conditions on the event record are sorted differently than the conditions on the Medical Condition file.** First, the diagnosis codes linked to each event are sequenced in the order in which the conditions were reported by the respondent, which was in chronological order of occurrence and not in order of importance or severity.

All valid diagnosis codes for an event record were placed on the event file first (sorting). If there were less than three valid diagnosis codes associated with a particular event, then the remaining values were placed on the file as well. Condition codes on the Medical Condition file are not sorted by valid and invalid codes; hence, the first condition on the event file may not be the same as the first condition on the Medical Condition file.

A small number of events are linked to conditions with valid ICD-9 procedure codes.

Conditions codes are provided for the following event files:  
OB, OP, IP, ER, RX (not DV, HH or OM)



## EVENT FILE

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## HOSPITAL INPATIENT STAYS (IP)





## Reason Entered Hospital

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### General Inconsistency between

- **Reported reason in hospital (RSNINHOS) and reported conditions**
- **Reported deliveries**
  - **delivery**
  - **pregnancy ICD-9 codes**

**RSNINHOS has not been reconciled with ICD-9 diagnosis or procedure codes nor with CCC codes.**

For example, while there may have been 350 reported cases where RSNINHOS = 4 (reason entered hospital = to give birth to a baby), this does not mean that there were actually 350 new births. In fact, it may have been reported that the mother went to the hospital for delivery (hence, the interviewer would have assigned the event RSNINHOS = 4), but the mother could have had, for example, false labor pains. Thus, this unedited self-reported variable may be inconsistent with reported number of births

Also, users should note that because of the design of the Household Component survey instrument, most hospital stays that are reported as being for a delivery link to condition codes that are for pregnancy rather than a delivery.



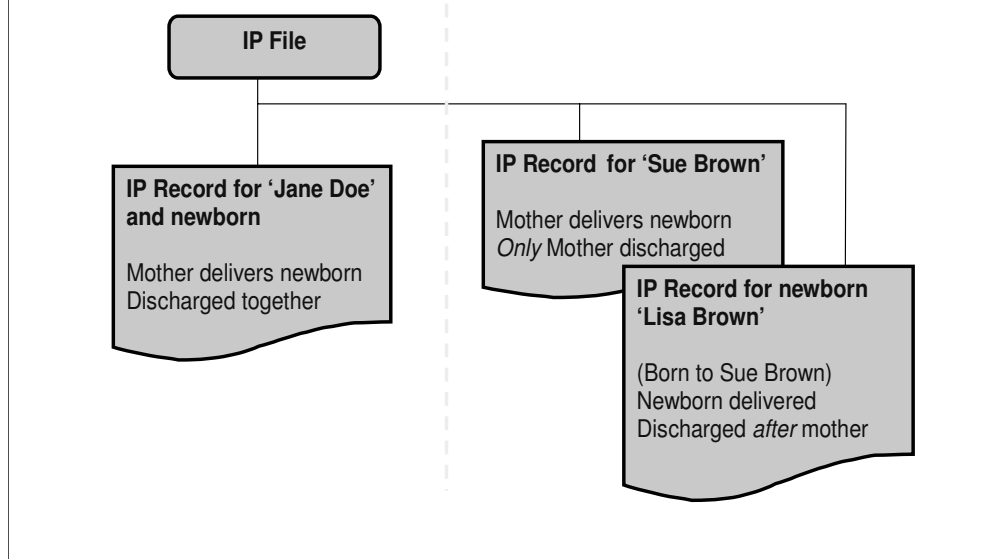
## **Expenditure Caveats – IP**

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- **Mother/Newborn Expenditures**
- **Hospital/Emergency Room Expenditures (ERHEVIDX)**

Will discuss in detail in the following slides.

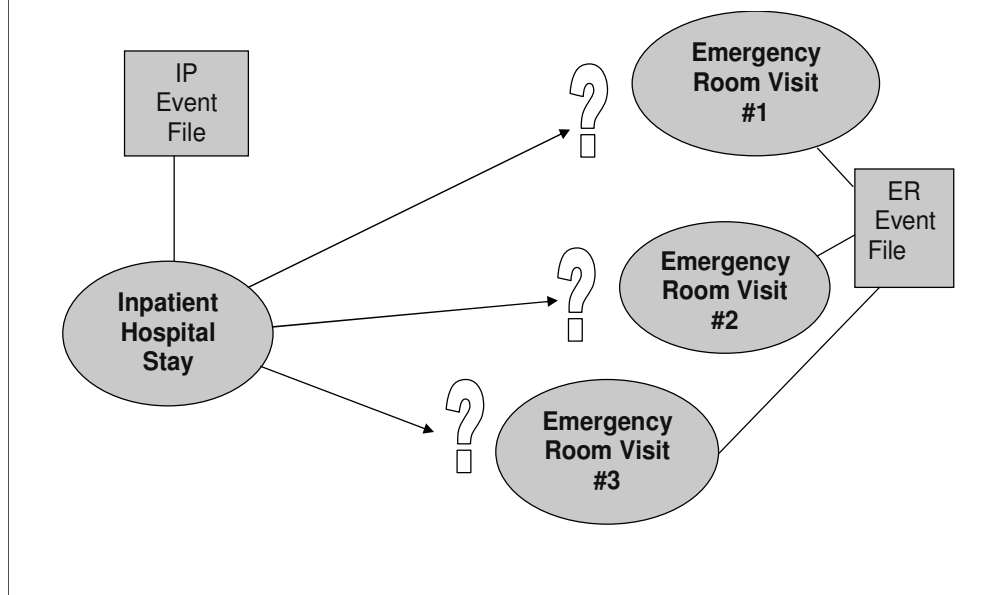
## Mother/Newborns Expenditures



For the most part, when a baby is born, expenditure data regarding its birth are represented on the mother's hospital stay record. **Newborns will only have an associated hospital stay record if the newborn was discharged after the mother.** Then the birth will be represented as two records—one for the mother and one for the baby. Each subsequent readmission of a newborn to a hospital results in a separate record for the newborn.

Likewise, expenditure data for most newborns are included on the mother's record. However, when a separate hospital stay record for the newborn exists, expenditure data for that stay are on the separate record.

## Hospital/ER Expenditures



Although a person may have indicated that there was an emergency room visit that preceded this hospital stay, there was no verification of that if, in fact, the emergency room visit was actually recorded within the Emergency Room section of the questionnaire.

Discrepancies occur when the hospital stays record indicates that there was a preceding emergency room visit but no such visit exists on the emergency room file.

While all event files can be linked by person (by DUPERSID), **there is no unique record link between inpatient stays and emergency room visits.** That is, a person could have one inpatient stay and three emergency room visits. While the inpatient stay record may indicate that it was preceded by an emergency room visit, there is no unique record link to the appropriate three emergency room visits.

**Users should note that where this relationship could be identified, the expenditure associated with the emergency room visit was believed to be included in the hospital facility expenditure.** Hence, for some hospital stays, expenditures for a preceding emergency room visit are included. **In these situations the corresponding emergency room record on the Emergency Room Visits File will have its expenditure information zeroed out to avoid double counting.** The variable ERHEVIDX identifies these hospital stays whose expenditures include the expenditures for the preceding emergency room visit. It should also be noted that for these cases, there is only one hospital stay associated with the emergency room stay.



## **EVENT FILES:**

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**EMERGENCY ROOM VISITS (ER)**  
**OUTPATIENT DEPARTMENT VISITS (OP)**  
**OFFICE-BASED PROVIDER VISITS (OB)**  
**DENTAL VISITS (DV)**



## Emergency Room Visits File

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### ■ ERHEVIDX

- Expenditures = \$0  
(ERFXP01X not ERDXP01X)
- Indicates if expenditures are associated with hospital admission

### **ERHEVIDX**

**When the facility expenditures for an emergency room visit equal zero (\$0.00), then ERHEVIDX indicates whether or not the facility expenditures associated with an emergency room visit were moved to the hospital inpatient stays file or if there really were no expenditures associated with the ER visit. The facility expenditures are moved only if the ER visit resulted in an admission to the hospital; the physician expenditures associated with the emergency room visit remain on the Emergency Room file.**

**It should be noted that, for these cases, there is only one emergency room stay associated with the hospital stay.**

Emergency room events reported in Round 3 and known to have begun after the reference year are not included on the reference year file.



## Services and Procedures ER, OP, OB

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- |                       |                        |
|-----------------------|------------------------|
| ■ Laboratory tests    | ■ EKG/ECG              |
| ■ Sonogram/ultrasound | ■ EEG                  |
| ■ X-ray               | ■ Received vaccination |
| ■ Mammogram           | ■ Anesthesia           |
| ■ MRI/CATSCAN         | ■ Other tests or exams |

These are services received during the visit: lab tests, a sonogram or ultrasound, x-rays, a mammogram, an MRI or CAT scan, an electrocardiogram, an electroencephalogram, a vaccination, anesthesia, or other diagnostic tests or exams

(complete list of services NOT procedures)

Code all that apply.



## **Main Medical Provider Seen OP, OB**

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- |                              |   |
|------------------------------|---|
| ■ Specialty if physician     | ■ Physician's assistant                   |
| ■ Chiropractor               | ■ Social worker                           |
| ■ Dentist/dental care person | ■ Acupuncturist                           |
| ■ Midwife                    | ■ Massage therapist                       |
| ■ Nurse/nurse practitioner   | ■ Homeo/naturopathic or herbalist         |
| ■ Optometrist                | ■ Other alternative or complementary care |
| ■ Podiatrist                 |   |

This is an abbreviated list.

Check only one.





## **Treatments, Services, Procedures, and Prescription Medicines – OP, OB**

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- |                        |                                 |
|------------------------|---------------------------------|
| ■ Physical therapy     | ■ Kidney dialysis               |
| ■ Occupational therapy | ■ IV therapy                    |
| ■ Speech therapy       | ■ Treatment for drug or alcohol |
| ■ Chemotherapy         | ■ Received allergy shot         |
| ■ Radiation therapy    | ■ Psychotherapy or counseling   |

Types of treatments received include physical therapy, occupational therapy, speech therapy, chemotherapy, radiation therapy, kidney dialysis, IV therapy, drug or alcohol treatment, allergy shots, and psychotherapy/counseling

Code all that apply.



## Type of Provider Dental Visits

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- |                     |                |
|---------------------|----------------|
| ■ General dentist   | ■ Orthodontist |
| ■ Dental hygienist  | ■ Endodontist  |
| ■ Dental technician | ■ Periodontist |
| ■ Dental surgeon    | ■ Other        |

These services, which are received during the visit, include lab tests, a sonogram or ultrasound, x-rays, a mammogram, an MRI or CAT scan, an electrocardiogram, an electroencephalogram, a vaccination, anesthesia, or other diagnostic tests or exams.



## **Services and Procedures Dental Visits**

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- **Diagnostic or preventative**
- **Restorative or endodontic**
- **Periodontic**
- **Oral surgery**
- **Prosthetics**
- **Orthodontics**
- **Other procedures**

These services, which are received during the visit, include lab tests, a sonogram or ultrasound, x-rays, a mammogram, an MRI or CAT scan, an electrocardiogram, an electroencephalogram, a vaccination, anesthesia, or other diagnostic tests or exams.



## **EVENT FILE:**

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## **PRESCRIBED MEDICINES (RX)**



## **MEPS Prescribed Medicines File**

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- **Is an event-level file if**
  - **Each record represents a unique prescribed medicine event and includes characteristics associated with that event.**
  - **Includes all prescribed medicines events reported by household respondents for the year (including diabetic supply/ equipment and insulin events).**
  - **Includes data collected from the Household Component and Pharmacy Component.**



## MEPS Prescribed Medicines File

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- **Household Component (HC) variables collected in each round**
  - **Medication name**
  - **Number of times purchased**
  - **Used to treat a condition**
  - **Date first used medication**
  - **Pharmacy information**
  - **Names of free samples**
  - **Who files prescribed drug insurance claims**

Respondents were asked about those RX linked to medical visits first.

Respondents were asked the names, addresses and types of pharmacies that filled their Rx; only type of pharmacy is released on the Public Use File.

Respondents were also asked whether the respondent sends in claim forms for their Rx purchases themselves or if their pharmacy sends in claims for them at the point of purchase; for the former, respondents go through the charge and payment (C/P) section of the HC; for the latter, the respondents do not go through the C/P section of the HC.



## **MEPS Prescribed Medicines File**

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- **Pharmacy Component (PC)**
  - **Need signed permission form**
  - **Telephone and mail contact**
- **Asked for computerized printout (or fax or handwritten listing) to include**
  - **Date filled**
  - **National drug code (NDC)**
  - **Drug name**
  - **Drug characteristics**
  - **Sources of payment**

Medication name may include generic and/or brand names.

Drug characteristics include form, strength, units of measurement for form and/or strength, and quantity.



## Data Editing/Imputation

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- **Pharmacy Component used as edit/imputation source.**
- **Generic codes assigned to each Household Component and Pharmacy Component event to assist with matching.**
- **Household-reported events matched to pharmacy-reported events.**
- **Utilization is based on what the household reports.**
- **Outliers, data inconsistencies, and missing data were identified and edited, as necessary.**

The generic codes were assigned based on medication name and the NDC, when available. These codes were assigned by professional medical coders.

Matching was based primarily on generic code, medication name, and round reported.

Utilization is based on what the household reports. Not all people allowed MEPS to go to their pharmacy and not all pharmacies participated.





## **Drug Characteristics Included for Each Prescribed Medicine Event**

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- **Medication name**
- **National drug code (NDC)**
- **Quantity dispensed (e.g., 50)**
- **Form (e.g., suspension)**
- **Strength (e.g., 10)**
- **Unit of measurement of form (e.g., cc) and strength (e.g., mg)**

Medication name can be HC reported or PC reported. For most events, imputed PC medication name only is included; however, for cases where the NDC was imputed from a secondary data source, the HC reported medication name is included, as well as all the originally reported PC NDC and medication name data. AHRQ was prohibited from releasing the NDCs that were imputed from a secondary proprietary data source due to legal restrictions related to a signed licensing agreement. However, by releasing the HC-reported medication name, as well as all the originally reported PC NDC and medication name, analysts are able to do their own NDC imputations for those records based on the same data AHRQ used for NDC imputation, if they so desire.

Analysts can have access to the AHRQ imputed NDCs in the AHRQ Data Center.

There are a number of missing values for form and strength on the file (missing data from the pharmacies); however, AHRQ did not impute these missing values because analysts can obtain that information from the NDC.



## Other Information Included for Each Prescribed Medicine Record

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- Round in which the prescribed medicine was purchased
- Date when prescribed medicine was first taken
- Type(s) of pharmacy
- Conditions associated with prescribed medicine
- Sources of payment
- Total payment

Because there is no direct link between an Rx event and a pharmacy, the type of pharmacy variable (or variables) simply indicates the types of pharmacies that from which drugs were purchased. The possible types of pharmacies include 1) mail order, 2) HMO/clinic/hospital, 3) drug store 4) another store, and 5) online.

There are up to three condition codes -- ICD-9 at the three digit and CCS (a diagnosis categorization scheme for ICD-10 data) codes -- listed for each Rx event. For those events where a respondent mentioned more than three related conditions, an analyst must link to the MEPS Medical Conditions File to obtain all conditions related to the Rx event.

Total payment=sum of payments



## Other Information Included for Each Prescribed Medicine Record

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- **Linking Variables (DUPERSID and LINKIDX)**
- **Unique Prescribed Medicines Identifier (RXRECIDX)**
- **Person-Level Weight (PERWTnnF)**
- **Variance Variables (VARSTRnn and VARPSUnn)**

DUPERSID allows linking to other MEPS person-level files.

LINKIDX allows linking to other MEPS event files and the MEPS Medical Conditions file. The Rx file is the only event file where LINKIDX is the name of the linking variable; this is due to the fact that the Rx event file is the only event file where EVNTIDX (which is synonymous with LINKIDX) is not the unique identifier for each event.

There are linking examples provided in every MEPS Appendix File.

On the Rx file, the unique identifier variable is RXRECIDX.



## Flag Variables on Prescribed Medicines Event File

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- **CLMOMFLG**
- **SAMPLE**
- **INPCFLG**
- **PCIMPFLG**
- **RXFLG**
- **DIABFLG**

CLMOMFLG is included on the file that informs the analyst whether the event went through the C/P section of the HC.

SAMPLE is a free sample flag included on the file that indicates the drugs for which the respondent said they received a free sample. Due to the vagueness of the free sample question in the questionnaire, however, all drugs on the Rx file are treated as purchases. If analysts wish to make a different determination regarding free samples, this flag will allow them to do so.

Flags are included on the file that indicate the type of HC to PC match (PCIMPFLG), as well as whether the person had an event in the PC (INPCFLG).

RXFLG can be used to determine if the imputed NDC is being released on the file. If not, the HC-reported medication name as well as all the originally reported PC NDC and medication name are included on the file. AHRQ was prohibited from releasing the NDCs that were imputed from a secondary proprietary data source due to legal restrictions related to a signed licensing agreement. However, by releasing the HC-reported medication name as well as all the originally reported PC NDC and medication name analysts are able to do their own NDC imputations for those records with the same initial data AHRQ used for the NDC imputations, if they so desire. Also, analysts can have access to the AHRQ imputed NDCs in the AHRQ Data Center.

There is an insulin, diab supp/equip flag (DIABFLG) that indicates events determined to be insulin and/or diab supp/equip events. AHRQ determined this based on characteristics of the event with the assistance of an industry expert. Although these types of purchases usually do not require an Rx, they remain on AHRQ files and in the Rx estimates because an Rx is written more often than not in order to have insurance pay for it. This flag, however, will allow analysts to exclude these types of events from their analysis, if they so desire.



## Multum Lexicon Variables from Cerner Multum, Inc.

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- Multum brand/generic designation
- Multum pregnancy category
- Multum therapeutic class, sub-class,  
and sub sub-class (up to three per drug)

**Brand/generic designation** -- designates the product's status as a brand name drug or a generic drug (GBO)

**Pregnancy category** -- identifies the FDA pregnancy category to which a particular drug has been assigned (PREGCAT)

**Therapeutic classification** -- assigns a drug to one or more therapeutic/ chemical categories; can have up to three categories per drug (TCn)

**Therapeutic sub-classification** -- assigns one or more sub-categories to a more general therapeutic class category given to a drug (TCnSn)

**Therapeutic sub sub-classification** -- assigns one or more sub sub-categories to a more general therapeutic class category and sub-category given to a drug (TCnSn\_n)



## **Types of Analyses the MEPS Prescribed Medicines Data Supports**

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- **Trends in prescription medicine expenditures and sources of payment for population sub-groups**
- **Trends in out-of-pocket burdens for different sub-populations**
- **Trends in utilization and expenditures by therapeutic class (e.g., statins, anti-depressants)**
- **Examine burden of prescription drugs expenditures on individuals and families**



## **MEPS Research Can Clarify**

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- **Effects of new prescribed medicines on overall health care costs**
- **How prices vary by insurance and type of prescribed medicines**
- **Effects of different coverage and payment options on prescribed medicines utilization and expenditures**
- **Outcomes and effectiveness of pharmaceuticals**



## EVENT FILE

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### HOME HEALTH (HH)





## What Is a Home Health Event?

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- **A home health event is a month of similar services provided by the same provider.**

Similar services are one or more types of services (e.g., nursing care, homemaker services, physical therapy) that the person receives at about the same frequency each month. So, if someone received 4 visits from a nurse, 10 visits from a homemaker, and 4 visits from a physical therapist for three months, there will be three event records on the home health file.



## Who Are Home Health Providers?

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- **Formal Providers (paid)**
  - Home health agency, hospital, or nursing home
  - Independent paid provider
  
- **Informal Providers (unpaid)**
  - Family
  - Friends

For home health agencies, hospitals, and nursing homes, it is important to distinguish between the provider and the home health worker. In these cases, the provider is the agency or the facility that employs the workers. The home health workers are the people who visit the home and administer the care.



## Who Are Home Health Workers?

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- **Examples of home health workers**
  - **Nurses**
  - **Physical therapists**
  - **Home health aides**
  - **Homemakers**
  - **Hospice workers**

The examples listed above are generally the types of workers associated with agencies, hospitals, and nursing homes.

Paid independent providers generally include companions, nursing assistants, physicians, etc.



## How Are Events Reported?

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- **Type of home health worker**
  - **Check all that apply**
    - ◆ **May have more than one type of worker on a single record**
- **How often did “someone from \_\_\_\_\_” come to the home**
  - **Days per month**
  - **Days per week**
  - **Times per day**
  - **Length of visit**

One or more types of workers are listed on each record.

For frequency of visits and length of visit, there is no distinction made by type of home health worker. For some types of analyses, this may be an issue; for example, homemakers frequently stay for several hours while a nurse or therapist usually doesn't stay for more than an hour.



## Home Health Days

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- **Number of home health days (HHDAYS) is estimated using**
  - **Weeks per month**
  - **Days per month**

HHDAYS is estimated for all home health events (i.e., agencies, nursing homes, hospitals, paid independent providers, and informal care providers).



## Caveat of HH DAYS

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- **HH DAYS accounts for all visits within an event – regardless of type of worker.**
  - **Number of times a specific type of worker visited the home is not known.**
  - **Intensity of care can be estimated using hours of care per day.**

The number of home health days a person received care for an event (e.g., a month) is estimated using days per month and days per week. This does not allow analysts to distinguish between the number of visits made by a nurse vs. those made by a homemaker.

So, if someone had 12 visits in a month and was seen by both a nurse and a homemaker, you wouldn't know if there were 8 visits by the homemaker and 4 by the nurse, or if there were 6 visits from the nurse and 6 visits from the homemaker.



## Summary Events/Providers/Workers/HHDAYS

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- **Home health event record represents one month of similar services:**
  - **Same provider**
  - **Same type of worker(s)**
  - **Same number of visits**
  - **Same services**
- **If more than one worker visited:**
  - **Cannot distinguish the number of days seen by one type of worker vs. another type of worker**

Data were collected in this manner because this is the manner in which agencies, hospitals, and nursing homes provide expenditure data. Costs are not broken down by the number of times a specific type of worker visits. Because agencies, hospitals, and nursing homes provide data in this manner and to be consistent in the MEPS definition of a home health event, AHRQ applied this same definition (i.e., a month of similar services) to all types of home health providers.



## Expenditure Data

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- **Home health agency, hospital, and nursing home**
  - **Sampled at a rate of 100% for MPC**
  - **No household responses**
- **Independent paid providers**
  - **Not included in MPC**
  - **Household responses only**
- **Informal providers**
  - **No expenditure data**

All expenditure data for paid independent providers are from household-reported expenditures. There is no expenditure data for informal care. Informal provider care results in a -1 in all expenditure categories.





## **EVENT FILE**

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### **OTHER MEDICAL EXPENSES (OM)**



## What Are Other Medical Expenses?

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### ■ Other medical events include

- Glasses/contacts
- Insulin/diabetic supplies
- Ambulance services
- Orthopedic items
- Hearing devices
- Prostheses
- Medical equipment
- Disposable supplies
- Bathroom aids
- Home alterations



## **Caveats of OM File**

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- **A record can represent one or more purchases of an item/service, e.g.:**
  - **If \$2,000 was spent on ambulance services, it is not known if there were one or more uses of an ambulance.**
- **Not linked to conditions**
  - **It is not known which condition required the use of an ambulance.**



## **Caveats of OM File (cont'd)**

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- **Expenditure data for insulin and diabetic supplies are not included on this file but are included on the Prescribed Medicines File, e.g.:**
  - **All records for insulin and diabetic supplies on this file have a value of “-1” (INAPPLICABLE) for all expenditure variables.**



## Caveats of OM File (cont'd)

	Amount paid by self or family <i>Out-of-pocket</i>	Amount paid by Medicare	ETC.,
OMTYPEX = 2 or “insulin”	OMSF01X = -1  (data found on PMED file)	OMMR01X = -1  (data found on PMED file)	ETC.,

	Amount paid by self or family <i>Out-of-pocket</i>	Amount paid by Medicare	ETC.,
OMTYPEX = 6 or “hearing aid”	OMSF01X = \$800	OMMR01X = \$0	ETC.,



## Data Collection

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- **OM not included in MPC.**
- **OM data were collected in Round 3 as a summary for the entire year.**
- **Exceptions – collected every round**
  - **Glasses**
  - **Insulin**
  - **Diabetic supplies**

Insulin and diabetic supplies are reported as prescribed medicine expenditures and are missing from the OM file.